

WEST COAST GASKET CO.

ORDER FORM

ORDER DATE: _____

PO NUMBER: _____

COMPANY: _____ CONTACT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE#: _____ E-MAIL: _____

Please answer the following to best allow us to serve you:

PART NUMBER: _____

QUANTITY: _____

DESCRIPTION: _____

MATERIAL(S): _____

SHIP VIA: _____

PREFERRED DELIVERY DATE: _____

COMMENTS : _____

(Attach drawing if when necessary)

INSTRUCTIONS: _____

(Laminating, adhesive, packaging, etc.)

West Coast Gasket Co.

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Tell. (714) 869-0123 • Fax. (714) 869-0122 • www.westcoastgasket.com